

EPA ID: MAN000105227 Site Name: BEECH STREET FIREWORKS AREA (FORMER)

State ID:

Alias Site Names:

City: ROCKLAND

Refer to Report Dated: 3/4/2011

County or Parrish:

State: MA

Report Developed By:

Report Type: PRELIMINARY ASSESSMENT 001

☐ 1. Further Remedial Site Assessment Under CERCLA (Superfund) is not required because:

☒ 2. Further Assessment Needed Under CERCLA:

Low priority for further assessment

**Discussion/Rationale:**

Access was blocked by owner. PA completed based upon windshield survey. No obvious indications of contamination noted. Low priority for further investigation based upon lack of perchlorate contamination at sister site occupied by National Coating Corp. (National Fireworks 1, Hanover, MA).

Site Decision Made by: NANCY SMITH

Signature: \_\_\_\_\_

*Nancy Smith*

Date: 03/16/2011



**EPA Potential Hazardous  
Waste Site  
Preliminary Assessment Form**

**Identification**

State:  
MA

CERCLIS Number:  
MAN000105227

CERCLIS Discovery Date:  
August 12, 2008

**1. General Site Information**

Name: <b>Beech Street Fireworks Area (Former)</b>		Street Address: <b>254 Beech Street</b>			
City: <b>Rockland</b>	State: <b>MA</b>	Zip Code: <b>02370</b>	County: <b>Plymouth</b>	Co. Code: <b>023</b>	Cong. Dist: <b>10</b>
Latitude: <b>42° 06' 03.28" N</b>	Longitude: <b>70° 53' 44.42" W</b>	Approximate Area of Site: <b>213</b> Acres ____ Square Ft		Status of Site: <input type="checkbox"/> Active <input type="checkbox"/> Not Specified <input checked="" type="checkbox"/> Inactive* <input type="checkbox"/> NA (GW plume, etc.)	

\* The site is currently occupied by three operational businesses (see below).

**2. Owner/Operator Information**

Owner: <b>National Coating Corporation*</b> (Map 72, Lot 1 and Map 73, Lot 1)			Operator: <b>National Coating Corporation</b>		
Street Address: <b>254 Beech Street</b>			Street Address: <b>254 Beech Street</b>		
City: <b>Rockland</b>			City: <b>Rockland</b>		
State: <b>MA</b>	Zip Code: <b>02370</b>	Telephone: <b>781-878-2781</b>	State: <b>MA</b>	Zip Code: <b>02370</b>	Telephone: <b>781-878-2781</b>
Type of Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> Federal Agency <input type="checkbox"/> Municipal Name _____ <input type="checkbox"/> Not Specified <input type="checkbox"/> State <input type="checkbox"/> Other _____ <input type="checkbox"/> Indian			How Initially Identified: <input type="checkbox"/> Citizen Complaint <input checked="" type="checkbox"/> Federal Program <input type="checkbox"/> PA Petition <input type="checkbox"/> Incidental <input checked="" type="checkbox"/> State/Local Program <input type="checkbox"/> Not Specified <input type="checkbox"/> RCRA/CERCLA Notification <input type="checkbox"/> Other _____		

\*There are three owners and two operators associated with the property. Additional ownership information is attached at the end of the PA Form.

**3. Site Evaluator Information**

Name of Evaluator: <b>James Previte</b>	Agency/Organization: <b>TechLaw, Inc./Sovereign, START 3(8a)</b>	Date Prepared: <b>March 4, 2011</b>
Street Address: <b>7 Technology Drive, Suite 202</b>		City: <b>North Chelmsford</b> State: <b>MA</b>
Name of EPA or State Agency Contact: <b>Nancy Smith, EPA Region I Site Assessment Manager</b>		Street Address: <b>Five Post Office Square Suite 100</b>
City: <b>Boston</b>	State: <b>MA</b>	Telephone: <b>(617) 918-1436</b>

**4. Site Disposition (for EPA use only)**

Emergency Response/Removal Assessment Recommendation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____	CERCLIS Recommendation: <input type="checkbox"/> Higher Priority SI <input checked="" type="checkbox"/> Lower Priority SI <input type="checkbox"/> NFRAP <input type="checkbox"/> RCRA <input type="checkbox"/> Other _____ Date: <b>3-16-11</b>	Signature:  Name (Typed): <b>Nancy Smith</b> Position: <b>SAM</b>
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**EPA****Potential Hazardous Waste Site  
Preliminary Assessment Form – Page 3 of 4**CERCLIS Number:  
**MAN000105227****7. Ground Water Pathway**

Is Ground Water Used for Drinking Water Within 4 Miles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Suspected Release to Ground Water: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List Secondary Target Population Served by Ground Water Withdrawn From:  0 – ¼ Mile <u>0</u> > ¼ - ½ Mile <u>2</u> > ½ - 1 Mile <u>8</u> > 1 - 2 Mile <u>125</u> > 2 - 3 Mile <u>6,926</u> > 3 - 4 Mile <u>18,713</u>  Total Within 4 Miles <u>25,774</u>
Type of Drinking Water Wells Within 4 Miles (check all that apply): <input checked="" type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private <input type="checkbox"/> None	Have Primary Target Drinking Water Wells Been Identified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Enter Primary Target Population: _____ People	
Depth to Shallowest Aquifer: <u>&lt;1</u> Feet  Karst Terrain/Aquifer Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Nearest Designated Wellhead Protection Area: <input type="checkbox"/> Underlies Site <input checked="" type="checkbox"/> > 0-4 Miles <input type="checkbox"/> None Within 4 Miles	

**8. Surface Water Pathway**

Type of Surface Water Draining Site and 15 miles Downstream (check all that apply): <input checked="" type="checkbox"/> Stream <input checked="" type="checkbox"/> River <input type="checkbox"/> Pond <input type="checkbox"/> Lake <input type="checkbox"/> Bay <input type="checkbox"/> Ocean <input checked="" type="checkbox"/> Other <u>wetlands</u>	Shortest Overland Distance From Any Source to Surface Water: <u>0</u> Feet _____ Miles																				
Is There a Suspected Release to Surface Water: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Site is Located in: <input type="checkbox"/> Annual – 10 yr Floodplain <input checked="" type="checkbox"/> >10 yr – 100 yr Floodplain <input type="checkbox"/> >100 – 500 yr Floodplain <input type="checkbox"/> > 500 yr Floodplain																				
Drinking Water Intakes Located Along the Surface Water Migration Path: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Have Primary Target Drinking Water Intakes Been Identified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If Yes, Enter Population Served by Primary Target Intakes: _____ People	List All Secondary Target Drinking Water Intakes: <table border="1"><thead><tr><th>Name</th><th>Water Body</th><th>Flow (cfs)</th><th>Population Served</th></tr></thead><tbody><tr><td><u>None</u></td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td colspan="4">Total within 15 Miles _____</td></tr></tbody></table>	Name	Water Body	Flow (cfs)	Population Served	<u>None</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Total within 15 Miles _____			
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_____	_____	_____	_____																		
_____	_____	_____	_____																		
Total within 15 Miles _____																					
Fisheries Located Along the Surface Water Migration Path: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Have Primary Target Fisheries Been Identified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List All Secondary Target Fisheries: <table border="1"><thead><tr><th>Water Body/Fishery Name</th><th>Flow (cfs)</th></tr></thead><tbody><tr><td><u>Drinkwater River</u></td><td><u>10 to 100</u></td></tr><tr><td><u>Indian Head River</u></td><td><u>&gt;100 to 1,000</u></td></tr><tr><td><u>North River</u></td><td><u>&gt;100 to 1,000</u></td></tr></tbody></table>	Water Body/Fishery Name	Flow (cfs)	<u>Drinkwater River</u>	<u>10 to 100</u>	<u>Indian Head River</u>	<u>&gt;100 to 1,000</u>	<u>North River</u>	<u>&gt;100 to 1,000</u>												
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### Additional Ownership Information

Owner: <b>Globe Composite Solutions, Ltd.</b> (Map 76, Lot 2)			Operator: <b>Globe Composite Solutions, Ltd</b>		
Street Address: <b>10440 N. Central Expressway, Suite 1475</b>			Street Address: <b>254 Beech Street</b>		
City: <b>Dallas</b>			City: <b>Rockland</b>		
State: <b>TX</b>	Zip Code: <b>75231</b>	Telephone: <b>(781) 871-3700</b>	State: <b>MA</b>	Zip Code: <b>02370</b>	Telephone: <b>(781) 871-3700</b>
Type of Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal Agency Name _____ <input type="checkbox"/> State <input type="checkbox"/> Indian			How Initially Identified: <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> PA Petition <input checked="" type="checkbox"/> State/Local Program <input type="checkbox"/> RCRA/CERCLA Notification		
<input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Not Specified <input type="checkbox"/> Other _____			<input checked="" type="checkbox"/> Federal Program <input type="checkbox"/> Incidental <input type="checkbox"/> Not Specified <input type="checkbox"/> Other _____		

Owner: <b>Beech Street Realty Trust</b> (Map 72, Lot 2)			Operator: <b>T&amp;T Machine Products</b>		
Street Address: <b>205 Yoakum Parkway Unit 421</b>			Street Address: <b>254 Beech Street</b>		
City: <b>Alexandria</b>			City: <b>Rockland</b>		
State: <b>VA</b>	Zip Code: <b>22304</b>	Telephone: <b>(703) 414-0848</b>	State: <b>MA</b>	Zip Code: <b>02370</b>	Telephone: <b>(781) 878-3861</b>
Type of Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal Agency Name _____ <input type="checkbox"/> State <input type="checkbox"/> Indian			How Initially Identified: <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> PA Petition <input checked="" type="checkbox"/> State/Local Program <input type="checkbox"/> RCRA/CERCLA Notification		
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